

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp
RECEIVED
2016 OCT 27 PM 2:15
CITY OF SANTA MARIA

CALIFORNIA
FORM
460

Page 1 of 8
For Official Use Only

Statement covers period
from 09/25/2016
through 10/22/2016

Date of election if applicable:
(Month, Day, Year) 2016 OCT 27 PM 2:15

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officeholder Committee
☐ (Also Complete Part 7)

2. Type of Statement: CITY OF SANTA MARIA

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Patino for Mayor 2016

I.D. NUMBER
1342332

Treasurer(s)

NAME OF TREASURER
Tom Martinez

MAILING ADDRESS
2624 Airpark Drive

CITY
Santa Maria

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE
(805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY
Trent Benedetti

MAILING ADDRESS
2151 S. College Dr., Ste. 101

CITY
Santa Maria

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
tom@martinezassoc.net

NAME OF TREASURER
Tom Martinez

MAILING ADDRESS
2624 Air Park Dr.

CITY
Santa Maria

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE
(805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY
Trent Benedetti

MAILING ADDRESS
2151 S. College Dr., Ste. 101

CITY
Santa Maria

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-27-2016
Date
Executed on 10/25/2016
Date
Executed on
Date
Executed on
Date

By Trent Benedetti
Signature of Treasurer or Assistant Treasurer
By Alice M. Martinez
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent
By
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM
460

 Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Mayor			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2624 Airpark Drive	Santa Maria	CA	93455

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 09/25/2016 through 10/22/2016	CALIFORNIA FORM 460
Page 3 of 8	I.D. NUMBER 1342332

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 2,825.00	\$ 22,419.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,825.00	\$ 22,419.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,825.00	\$ 22,419.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \$

21. Expenditures Made \$ \$

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 11,713.32	\$ 18,465.92
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 11,713.32	\$ 18,465.92
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 11,713.32	\$ 18,465.92

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

/ / \$

/ / \$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 13,688.96
13. Cash Receipts Column A, Line 3 above	2,825.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	11,713.32
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,800.64

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
---	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 09/25/2016
through 10/22/2016

Page 4 of 8

I.D. NUMBER
1342332

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2016	Marlin Brown 2356 Glacier Ln Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Title Analyst The Bugle Group	100.00	100.00	G2016 \$100.00
10/11/2016	Osr Enterprises, Inc. 1910 E. Stowell Rd. Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2016 \$250.00
10/11/2016	Franziska Shepard 401 S. Palisade Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Shepard Eye Center	1,000.00	1,500.00	G2016 \$1,000.00
10/11/2016	Linda Smith 296 Machado Ave Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife N/A	100.00	100.00	G2016 \$100.00
10/18/2016	PG&E Corporation 77 Beale Street San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	G2016 \$300.00
SUBTOTAL \$				1,750.00		

Schedule A Summary

1. Amount received this period — itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,750.00

2. Amount received this period — unitemized monetary contributions of less than \$100 \$ 75.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,825.00

*Contributor Codes
IND — Individual
COM — Recipient Committee
(other than PTY or SCC)
OTH — Other (e.g., business entity)
PTY — Political Party
SCC — Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/25/2016</u>		CALIFORNIA FORM 460
through <u>10/22/2016</u>		
Page <u>5</u> of <u>8</u>		

NAME OF FILER		I.D. NUMBER				
Patino for Mayor 2016		1342332				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2016	Rancho Guadalupe, LLC 1280 Bonita School Road Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G2016 \$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,000.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from 09/25/2016 through 10/22/2016		CALIFORNIA FORM 460	
NAME OF FILER Patino for Mayor 2016		Page 6 of 8		I.D. NUMBER 1342332	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Local Copies 1500 S. Broadway Santa Maria, CA 93454	LIT			1,212.50
Morrison Media Services 4405 Kapalua Drive PO Box 5186 Santa Maria, CA 93455	RAD			686.00
Joshua Menchaca 429 El Cerrito Drive Santa Maria, CA 93455	SAL			158.60

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,057.10

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 11,713.32
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 11,713.32

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 09/25/2016 through 10/22/2016		CALIFORNIA 460 FORM	
		Page 7 of 8	
NAME OF FILER Patino for Mayor 2016		I.D. NUMBER 1342332	

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	RHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO			346.75
Local Copies 1500 S. Broadway Santa Maria, CA 93454	LIT			419.47
Morrison Media Services 4405 Kapalua Drive PO Box 5186 Santa Maria, CA 93455	TEL			7,390.00
Morrison Media Services 4405 Kapalua Drive PO Box 5186 Santa Maria, CA 93455	RAD			1,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 9,656.22

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>09/25/2016</u>		CALIFORNIA FORM 460
through <u>10/22/2016</u>		
Page <u>8</u> of <u>8</u>		
I.D. NUMBER 1342332		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Patino for Mayor 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Morrison Media Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American General Media 2325 Skyway Drive # J Santa Maria, CA 93455	RAD			1,500.00
KCOY 1211 W. McCoy Lane Santa Maria, CA 93455	TEL			4,740.00
KKFX 1211 W. McCoy Lane Santa Maria, CA 93455	TEL			1,950.00
Spectrum 1919 State Street Santa Barbara, CA 93101	TEL			700.00
Attach additional information on appropriately labeled continuation sheets.				TOTAL * \$ 8,890.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.